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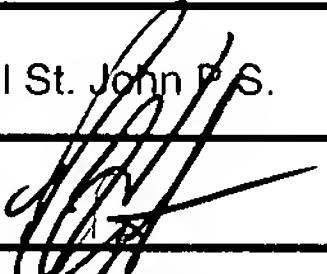
*37 CFR*

<b>O I P E</b> <b>TRANSMITTAL</b> <b>FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number 10/609,311
<small>U.S. PATENT &amp; TRADEMARK OFFICE</small> <small>NOV. 15 2007</small>		Filing Date June 26, 2003
		First Named Inventor Donald L. Yates
		Art Unit 1756
		Examiner Name Kathleen Duda
Total Number of Pages in This Submission 19		Attorney Docket Number MI22-2236

**ENCLOSURES (Check all that apply)**

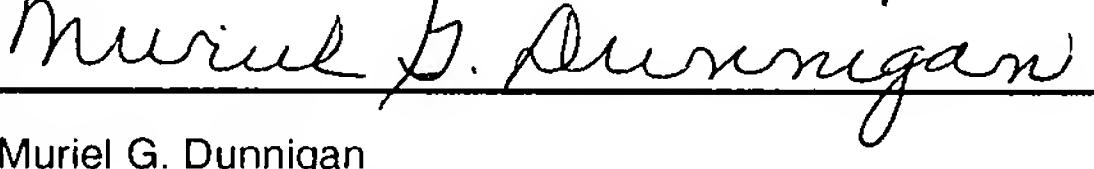
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> PTO Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Check no. 154852 for \$300.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> PTO Form-1449
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks Customer No. 021567		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Well St. John P.S.		
Signature			
Printed name	Robert C. Hyta		
Date	11/12/07	Reg. No.	46,791

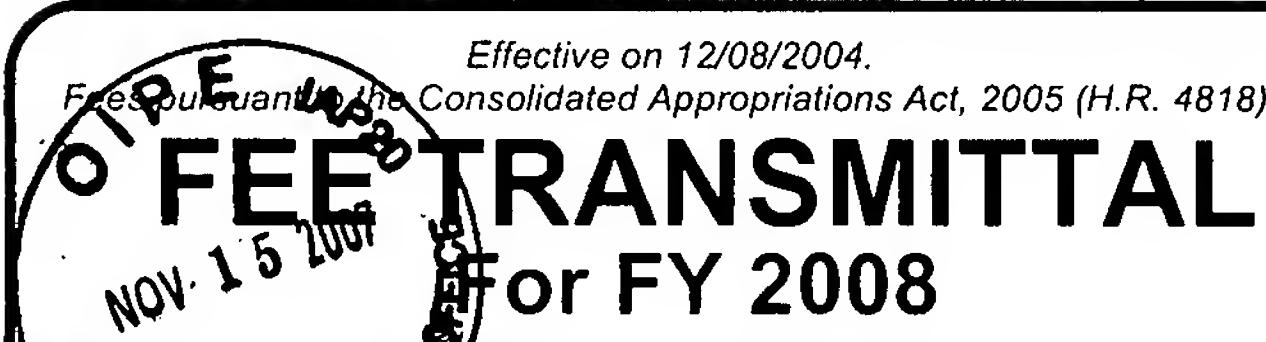
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Muriel G. Dunnigan	Date	November 13, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 <input checked="" type="checkbox"/> <small>Effective on 12/08/2004.</small> <small>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		<b>Complete if Known</b>	
		Application Number	10/609,311
		Filing Date	June 26, 2003
		First Named Inventor	Donald L. Yates
		Examiner Name	Kathleen Duda
		Art Unit	1756
		Attorney Docket No.	MI22-2236
<input checked="" type="checkbox"/> <small>Applicant claims small entity status. See 37 CFR 1.27</small>			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		300.00	

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	0.00
Design	210	105	100	50	130	65	0.00
Plant	210	105	310	155	160	80	0.00
Reissue	310	155	510	255	620	310	0
Provisional	210	105	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>
Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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0 0.00

- 20 or HP =    x    =    0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- 3 or HP =    x    =    0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =    / 50 =    (round up to a whole number) x    =    0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

<u>Fees Paid (\$)</u>
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0.00

Other (e.g., late filing surcharge): Supp. Information Disclosure Stmt; Petition for Extension of Time

300.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 46,791	Telephone (509) 624-4276
Name (Print/Type)	Robert C. Hyta		Date 11/17/07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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